187

PATENT APPLICATION FEE DETERMINATION RECORD	PATENT	APPLIC	ATION FEE	DETERMINATION	RECORD
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Effective November 10, 1998

Application of	Docket	Number
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L						10, 17.							
		CLA		S FILED Column 1)	- PA		umn 2)		SMALI	L ENTITY	, OF		R THAN LENTITY
F	OR		NUMB	ER FILED		NUMBER	EXTRA	7 1	RATE	FEE	7	RATE	FEE
В	ASIC FEE							1		380.0	OF		760.00
ř	OTAL CLAIMS		C	/ minus	20=	*			X\$ 9=		OR		1
IN	DEPENDENT C	CLAIMS		3 minus	3 =	*			X39=		OR	X78=	
M	ULTIPLE DEPE	NDENT (CLAIM P	RESENT				1	.400	1			
*	f the difference	e in colu	mn 1 is	less than z	ero. e	enter "O" in (column 2	- [+130=	<u> </u>			
							JOIGHIN E		TOTAL	L		i	760
		(Colu	mn 1)	MENDE	(0	Column 2)	(Column 3)	L	SMALL	ENTITY	UN OR	OTHEF SMALL	THAN 3
IENT A		REMA AF	NMS UNING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 9	,	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	*) NOE MI	Minus	***		=	Īſ	X39=		OR	X78=	/
	THIOTTHEOL	-111/11/01	N OF WIL	DETIPLE DE	PENL	ENI CLAIM		J	+130=		OR	+260=	/
								-	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	1(000
		(Colu				olumn 2)	(Column 3)						
MENDMENT B	B	CLA REMA AFT AMEND	INING ER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	* (7	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATION	N OF MIL	Minus	###	3 ENT CLAIM	= /		X39=		OR	X78=	
					LIND	EIVI ODANI	······································		+130=		OR	+260=	
								ΔC	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
		(Colun			(Co	olumn 2)	(Column 3)				,	ODII. FEE	
S L		CLAI REMAI AFTI AMEND	NING ER		N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	* -		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		- F		
<u> </u>	FIRST PRESE	NTATION	OF MU	LTIPLE DEP	END	NT CLAIM		F	A39=		OR	X78=	
* If	the entry in colum	nn 1 is less	s than the	entry in colur	nn 2, v	vrite "0" in colu	mn 3.	Ŀ	130=		OR	+260=	
** H	the "Highest Nun	nber Previo	ously Pair	For IN THIS	CDAC	'E ic loss than	20 onter 100 t		TOTAL		OR	TOTAL	. –
الحصد	the "Highest Num he "Highest Num	nber Previ	ousiv Pai	d For" IN THIS	SPAC	F is lose than	3 onter *2 *		OIT. FEE		A	DDIT. FEE L	

PATENT APPLICATION FEE DETERMENT N RECORD Effective atolar.1, 2000

Application or Docket Number

09/220724

(Column 1) (Column 2)										SMALL ENTITY OTHER THA TYPE OR SMALL ENTIT				
岩	FOR NUMBER FILED NUMBER EXTRA										OR T			
Ľ			THOMES		OEW.	<u> </u>			RATE	FEE	1	RATE	FEE	
B/	USIC FEE									1385	Žį ⊃R		:77u	
το	TAL CLAIMS		2	minus	20=	*			X\$ 9=		OR	X\$18=		
IN	EPENDENT C	LAIMS	_3_	minus	3 =	*			XUB		OR	×96=		
MULTIPLE DEPENDENT CLAIM PRESENT											1			
* If the difference in column 1 is less than zero, enter "0" in column 2											OR OR	J90=	0.00	
										L	TOH		7.70	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	OR	OTHER SMALL I		
			AIMS	No.		HIGHEST	(Column 5)	ſ		ADDI-	7		ADDI-	
AMENDM ENT A		AF	AINING TER DMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
MON	Total		7	Minus	**	20	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	.3 N OE M	Minus	PENI	$\overline{}$	=		х43=		OR	x86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	: 290		
				Ł	+145= TOTAL	ļ	OR	TOTAL						
		(Calı	ımn 1)		((Column (1)	(Column 3)	۶	DOIT. FEE	L	10	ADDIT. FEE!	· · · · · · · · · · · · · · · · · · ·	
		CL.	AMS			Column 2) HIGHEST	(Column 3)	Г		ADDI-	1 1	***	ADDI-	
AMENDMENT B		AF	NNING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	İ	RATE	TIONAL		RATE	TIONAL	
MON	Total	* (7)	Mink:	**	20	=	Ī	X\$ 9=		OR	X\$18=		
AME	Independent	*	3	Minus	***	`3_	=	ľ	x43		OR	x-86		
/	FIRST PRESE	OFTATA	NOF M	JLTIPLE DE	YENC	DENT CLAIM		ŀ	· · · · ·		Un			
								L	145=		OR	290=		
	~	- diam	A STATE OF THE PARTY OF THE PAR					A	TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE		
	•	(Colu	mn 1)		(C	Column 2)	(Column 3)							
၁			UMS UNING			HIGHEST NUMBER	PRESENT	Γ		ADDI-			ADDI-	
ENI			TER DMENT			REVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT C	Total	*		Minus	**		=		X\$ 9=	,	OR	X\$18=		
AME	Independent	*		Minus	***		E .	F	х 43		OB	86		
	FIRST PRESE	OITATIO	N OF M	JLTIPLE DEF	END	ENT CLAIM		-	+145		OR			
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												TOTAL ADDIT, FEE		
The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											in col	٠		